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DIPHTHERIA.

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SPORADIC cases of this disease have appeared in this vicinity, for a year past. It began to assume more the character of an epidemic, as the cool weather of the autumn approached. A majority of the cases occurred in children and young persons. No cases have been met with in infants under one year, it being most frequent between the ages of five and fifteen. However, several cases occurred among adults. No local causes seemed to influence its prevalence. Cases were quite as numerous and as severe in the farm-houses, upon the prairie, as within the town, and perhaps more so in proportion to the population. In no instance has it appeared to be contagious. In some families, but one case occurred; while in others, all were evidently attacked with it. Cases of "sore throat," not characterized by "diphtherite" or constitutional symptoms, were common, and yielded to little or no medication. There prevailed, at the same time, scarlatina, of more than ordinary severity, and a number of cases were fatal, principally through cerebral complications.

The following notes of a few cases may serve to convey an idea of its principal features, as it has come under my observation, and the treatment which I have been led to make use of.

CASE I.—Nov. 4. E., aged six. Twenty-four hours ill. Some pain in head and right ear. Fauces and palate red and slightly tumefied, particularly the tonsils and uvula; the right tonsil has a patch of membrane as large as a thumb nail upon its internal, inferior surface. Right lymphatic submaxillary gland swollen and tender to the touch. Breath slightly fœtid; tongue covered with a cream-like fur; pulse accelerated; countenance slightly flushed; skin hot and dry. No pneumonic symptoms.

Applied a saturated solution of nitrate of silver to the mem-

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brane of the tonsil, with a camel's-hair brush, and prescribed ten grains sulphate of quinine and the same quantity of Dover's powder, to be divided into ten powders, one of which was to be given every three hours. A solution of chlorate of potassa was also ordered, to be used as a drink and gargle, and volatile liniment to be rubbed upon the neck over the tumefied glands.

Nov. 5.—This morning she was engaged in her sports, free from fever. Throat less red; swelling subsided. The treatment was continued. The next day her father informed me that she was "about well," and took food with relish. I cautioned him to watch her closely, and to continue the tonics.

On the afternoon of the 7th I was summoned, and found an aggravation of the symptoms. Pulse rapid; expression of countenance anxious; swallows with difficulty. Both tonsils, the greater portion of the velum palati, including the uvula, covered with a firm, yellowish-white membrane; the parts adjoining swollen and intensely congested. Breath fœtid. No medicine has been taken for two days, except chlorate of potash. The membranous portions were immediately cauterized. Quinine and Dover's powder prescribed as above, and instead of the chlorate of potash, the chlorine mixture was directed to be taken in half tablespoonful doses, every hour or two. I was led to prescribe this preparation on account of recently witnessing very marked and happy effects from its use, in a severe case of scarlatina, after the usual preparations of the chlorides and chlorates had failed to afford any relief.—(Vide *Watson's Practice, Scarlatina*, p. 1002.)

The next day there was an amelioration of all the symptoms; deglutition became easy, and she recovered rapidly with no change of treatment, except one or two cathartics. After the use of the chlorine mixture, it was not necessary to apply caustic. No others of the family, containing six children, were attacked.

CASE II.—Farmer, aged 38. Saw him on the evening of Nov. 8th. Has not been well since morning, but labored during the day. Has now fever, hot skin, white tongue; pulse 110; breath fœtid. Right tonsil covered with membrane; palate tumefied and congested; right submaxillary gland swollen; pain in back part of head and right ear; great thirst and restlessness. Prescribed sulphate of quinine, twenty grains; Dover's powder, fifteen grains; sulphate of morphia, one grain; to be divided into ten powders, one of which was to be given every three hours. A tablespoonful of the chlorine mixture was ordered to be taken every two hours, and to be used also as a gargle. Fomentations to neck externally.

The next day found him profusely perspiring, and the symptoms all ameliorated. Some membrane upon both tonsils, but redness and tumefaction subsiding. The same treatment was essentially continued, with an occasional cathartic, and at the end of one week he had nearly regained his health.

Three other cases occurred in this house, not differing from this in their features, and yielding to similar treatment.

CASE III.—A German child, one year old, had been ill one week. The parents thought "it had a cold and sore mouth." Since yesterday, it has swallowed with difficulty. Respiration croupy; voice very hoarse. It is evidently difficult for the patient to make a loud noise. Tongue, fauces and palate, as far as can be seen, covered by membrane. Glands of neck swollen, and pulse very rapid. After answering the inquiries of the parents with an unfavorable prognosis, an emetic of ipecac was given, to be followed by quinine and Dover's powder, half a grain each, every two or three hours, and chlorine mixture in one or more teaspoonful doses, every alternate hour. Rubefacients and fomentations to the neck were directed. Twelve hours after, he appeared much relieved, as far as the respiration was concerned, and there was some moisture of the surface. During the following night he was permitted to rest, and in the morning there appeared to be a remission of the more urgent symptoms. Had it not been for the hoarseness remaining, I should have discharged him at once; but knowing the danger from "false membrane," the parents were cautioned not to consider the danger altogether past. He coughs frequently, and appears to expectorate a great deal, which is, of course, swallowed immediately. Directed castor oil to be given, and the above treatment to be continued.

In the evening I found him quite as well. One dejection was shown me, containing what appeared to be a quantity of membrane, perfectly white and opaque. Suffice it to say, that under such treatment, with some mild expectorants, he recovered in about ten days—the tonics, anodynes and chlorine mixture being the principal agents. It was with much hesitation that the administration of the tonics was commenced in this case, as such treatment is diametrically opposed to that I have usually pursued in membranous croup. But being satisfied that this was diphtheria, and that this disease yielded to tonics and chlorine in some form, and the already debilitated condition of the patient not seeming to admit of a depletive or mercurial course, there remained none other but the somewhat empirical one made use of, which happily resulted favorably.

Diphtheria, then, in this locality, has shown itself to be a febrile disease, ushered in by symptoms common to intermittents and continued fevers, accompanied by a peculiar inflammation of the mucous membrane of the fauces and neighboring parts, which very soon results in the formation of a false membrane. If the disease is not arrested, ulceration takes place, the neighboring absorbent glands swell, an irritative fever is set up, deglutition becomes impossible, respiration difficult, and the patient rapidly sinks.

Tonics and the preparations of chlorine are indicated to arrest the febrile paroxysm, and consequently the formation of false membrane. I have principally relied upon quinine and the chlorine mixture, and have not been disappointed in a single instance.

Anodynes, and also stimulants, have been necessary in some cases, and, in all, a general supporting treatment, continued for several days after the disease is apparently arrested.

THE VALUE AND THE FALLACY OF STATISTICS IN THE OBSERVATION OF DISEASE.

A BOYLSTON PRIZE ESSAY, BY DAVID W. CHEEVER, M.D.

[Continued from page 503.]

SPECIALISTS are particularly prone to error. The advantages to medical knowledge of so many minute observers, each investigating a single subject, is more than counterbalanced by their unconscious tendency to distort facts to suit their theories. And if it be said that there can be no difference of opinion about figures, we can easily point to a hundred instances in medical history, where the unitary symptoms which are the basis of statistics have been misconceived, preconceived, or mis-stated, by honest, but prejudiced observers. Even if we are not specialists, we, very few of us, escape many years in practice without contracting some bias, which would cloud the clearness and accuracy of our perceptions. No man is wholly free from it. And provided that we hold our wayward tendencies sufficiently under control to prevent our being led into any positive fallacies in observation, we are still in danger of not finding, or of overlooking, the most essential points in a case, and of dwelling upon those which are less characteristic and important. Thus two observers, taken from the number of general practitioners, may render a very different account of the same case. It may be objected that such errors as these are inseparable from any human investigation. But it must be recollected that we are trying by statistics to free our art from fallacy; and that the science of numbers stands or falls with the identity or comparability of the facts observed, or with the reverse.

Provided, however, that we escape all these sources of error, another awaits us in the use of language and definition. It is not true that the numerical method is a substitution of figures for words. Numbers alone can never supply the requisites of articulate speech. And, unfortunately, the language we employ is a very defective one. The terminology of medicine is very far from definite, because originally formed by ignorant men: yet we cannot avoid using it. The literal meaning of technical terms is no longer their correct one. False expressions, too, influence our ideas, in the end. Our idea of a disease is got from a set of symptoms described and grouped by words. Yet the latter, as well as our definitions, change with time.

It is as important, too, in establishing theories from facts, that our classifications should be identical or similar, as that our definitions should be accurate. Diseases must be classified on neces-

sary and general conditions, not on variable and local ones. This is difficult, since the species of disease, its seat, lesion, or even each particular instance of it, all differ from the others. We are apt to be misled by false analogies. And even when we seek for what we deem the soundest basis, we shall find anatomical changes, as the foundation of our classification, of but little value to the practical physician, since attention is not directed to those points of pathology which are most important to him.

It will be unnecessary to prove that diagnosis must be, we may say, the most important element in the numerical method. Difference or error, here, is necessarily fatal. Yet, this is one of the most difficult parts of medicine. The power of minute and differential diagnosis varies much, not only with the knowledge, but also with the mental acumen of the observer. The observers of facts which are to form bases of calculation, need peculiar care and caution. "A corps of trained observers is needed—trained in the same school—so that they may observe alike; then their observations, whether right or wrong, will be alike right and wrong." That is, they will be truly comparable, even if fallacious.

We shall find that observers have varied much at different medical eras. "Every one is, and remains a child of his time." It is impossible for the medical observer, any more than any other person, to escape the cotemporary influences of his age. We are insensibly affected by the views of those around us, in spite of ourselves. The theories prevailing; the erratic views of some innovating genius, who may have escaped somewhat from the above influences; the re-actions constantly taking place in opinion in consequence of previous errors in doctrine—all must warp and influence the medical observer. The pupils of Broussais, Laennec, Bouillaud or Hahnemann, will, and must see different things in their patients, as well as pursue different treatment.

Besides this, if we take the same observer, we shall find that some circumstances always make a stronger impression on him than others. The rarer events will even lead him to overlook the more frequent; because the former will attract his notice by their infrequency. Yet the constant repetition of the latter renders them much the more important for practical purposes. Thus a positive always impresses us more than a negative fact; the occurrence of a certain symptom in five cases, more than its absence in twenty; a cure, more than a failure. Some unhopd-for success attending a remedy firmly associates it, in our minds, with a disease as a specific, while it is really only a coincidence. "Extraordinary and interesting cases are always remembered." Yet great caution should be used in admitting them to much consideration in our experience. It has been adduced as a striking proof of the fallacy of simple experience, and the value of the numerical method (or counted experience), that Louis himself found that every *a priori* conclusion, which he had formed in his own mind from his

experience—or the recollection of his own facts—when submitted to arithmetical analysis, proved to be erroneous. This proves, indeed, the fallacy of memory, but it does not prove the truth of figures based on experience; for the errors may exist in the observation, as well as the recollection of facts, as we have already shown.

Not only a capacious intellect, but very great shrewdness is necessary for the correct observation of disease. Those facts which are to form the units of averages, should be culled with peculiar care. Leading questions must be strictly avoided; and negative, collected with the same industry as positive facts. For organs, even *structurally* modified, sometimes give rise to no symptoms; and this should impress us with the necessity of noticing all the functions in our examinations. It must be recollected, however, that while all these things are essential to a correct employment of the numerical method, few observers are equal to carrying them out. In particular, will positive impress more than negative facts. Very few would have the shrewdness ascribed to an ancient Grecian, who, on seeing the votive tablets suspended in the temple of Poseidon by those saved from shipwreck, asked also for the names of those who had been drowned in spite of their vows.

What is true of one place may not be true of another, with regard to disease; locality admits of but loose connection with morbid processes. It is difficult to compare different epidemics justly; it is much more difficult to estimate the comparative prevalence of chronic disease, if one searches for its etiology in the influence of place—In seeking for a comparative view of phthisis, for instance, as it extends, more or less actively, in many neighboring towns, or counties.

We cannot justly conclude that the seaboard, or inland townships are the more exempt from, or that high or low, dry or moist localities favor the ravages of tubercle, on so simple data as the mortuary statistics of the several places, in this respect. The number of deaths from consumption in a certain town, or even parts of a town, for a few years, does not prove much, positively, with regard to the influence of the locality on the disease. And this, because there are other more important causes, predisposing or exciting, of tubercle, which are ignored in the inquiry. Such are, hereditary taint; occupation; fluctuations in population, and too short an average of years. Many natives of the place may have derived their tubercles from parents, who were born and reared elsewhere, some years before; many, too, may owe their weakness to marriages of consanguinity, or to personal vices of constitution. So, too, the trade, and social status of the individual case must have a wide influence; for we should naturally expect more phthisis among a village of shoemakers, for example, than in a fishing town. Such hereditary, or other innate influences as there are, may vary much, on one side or the other, from year to

year, from the emigration, or the moving of a certain per centage of floating population. And to compensate for these sources of error, a much longer series of years must be devoted to tabular returns—longer in proportion to the number and complexity of the causes involved.

Statistical results require to be controlled by new results before they can obtain the force of laws. The advocate of the numerical method is sometimes as one-sided as the specialist. He is ready to forget that figures are not brains, tables not perceptions, and that recorded observations do not give the power of observing. The statistician is but too often as fallacious and extravagant in his conclusions as those who rely exclusively on physical signs; both equally overlook the rational part of medicine.

Striking examples are not wanting, and we do not have to go further to seek them, than the pages of the cotemporary periodicals of medicine.

One enthusiast recently proposed, in all gravity, to deliver all presentations by turning, as soon as the os was dilated. Another (T. J. Austin on *Paralytic Generale*, in the *Medical Times and Gazette*, Nov. 12, 1859, p. 486), says of the condition of the pupil in the general paralysis of the insane, "The iris is always affected; generally unequally in the two eyes. When the *right* pupil is most affected, the general tone of the delusion is *melancholic*; but when the *left*, usually *elated*:" whence he derives, by a brief chain of reasoning, the startling deduction that "the *right thalamus opticus* is the ganglion of natural painful emotion, and the left, of healthy, pleasurable emotion." And this result is based on the observation and autopsies of *twenty-six cases!!* Surely the fallacy of a too small number of observations requires no more striking illustration.

Nor are the results in large averages always more satisfactory. For example: an article, in the *Archives Generales de Medecine*, Juin, 1859, p. 691, et seq., based on some thousand observations, and the investigations of Dr. Adams, in the *Mass. Med. Communications*, Vol. IX., No. IV., 1858, of some seven hundred cases, exactly *contradict* each other in certain conclusions drawn from the statistics of vaccination.

"Of all dangers, a fallacious certainty is the greatest. A simple process of verification *à posteriori*, like the numerical method, never can be elevated to the dignity of a system, since it will be eternally true in medicine, that the problem is individual." We know that this method must be still more incompetent for the treatment of disease. And it requires, finally, such an amount of prolonged labor, that neither the life-time nor toil of any one person is adequate to it, but its statistics can only be drawn from the records of great Hospitals. Louis himself said of it, that nothing was more simple, and nothing more tedious.

Notwithstanding so many and so valid objections, the numeri-

cal method has not only been dignified with the name of a science, but actually exists, and can exhibit certain practical results not devoid of importance.

It would be very unfair to pass them by: and we will therefore speak, in conclusion, of the *Value* of Statistics in the Observation of Disease.

In a limited degree they have a value: far greater in some departments than in others. This value descends in accuracy by a progressive ratio, and in the following order: Mortality and Births; Hygiene; Etiology; Pathology; Therapeutics. The last is infinitely less certain than the first. And in accordance with our previous conclusions, we find the statistics reliable in proportion to the simplicity of the *data* from which they are calculated.

Even if genius could grasp the laws and causes of disease, observation would still be necessary to test their truth. We shall find in medical history that it is the detailers of facts alone, who escape oblivion. We see no examples in the history of science of any individual genius throwing itself far in advance of its contemporaries; but all attainment is the result of slow, and combined exertion. Faithful description, too, is always valuable, though the hypothesis which it seeks to establish may be absurd. And even if we settle nothing by our observations, the gradual accumulation of our facts may enable posterity to do so. A great mass of medical knowledge is, even now, only waiting for analysis. The authority of experience is but the attempt of an individual to generalize. And since no memory could recall enough observations to generalize just conclusions, we have need of the numerical method, which counts and compares individual facts. Nothing is here arbitrary or capricious, but simply mechanical. The correctness of the results is settled by a mathematical test, over which we have no control. Some laws require many more facts to establish them than others. But it is only when the objects contemplated are few, that individual varieties seem infinite: large masses of facts merge them in more general features. And in favor of very enlarged observations we have the testimony of Herschel that "It is only by condensing, simplifying and arranging the acquired knowledge of the past, that posterity can be enabled to avail themselves fully of the advanced stand-point from which they start."

To collect observations is a trade which must be learned, and not divined: nor can we trust others to observe for us. And to observe well, we must not observe hastily; but to re-examine an object as if presented the first time, is the only way, we are told, to rectify errors. But the professional man, though he carries on a certain inductive process in his mind, which results in establishing the conclusions of his daily experience, has no leisure for the requirements of statistics. Practitioners are all isolated; but general facts are required. And, in some respects,

the present is a favorable time to get them. For the modern school of observation, with its more accurate methods of investigation by physical signs, the microscope and test-tube, has a tendency to discriminate more nicely between diseases. Differential diagnosis, one of the most essential elements in statistics, is therefore more exact, as well as of easier application. And where the diagnosis is very uniform, the limits of variability in our numbers is small. In such diseases as smallpox and tetanus, for example, but a small number of facts need be observed to settle definitely our diagnosis, or, in fact, our treatment.

Although the numerical method had been verbally recognized for ages, it was never practically tested and exemplified until the skeptical mind of Louis had its attention drawn to it. From his youth until he had attained the age of thirty-three years, M. Louis studied and practised in Russia. Coming to Paris, he became a disciple of Broussais, whose theories were then in full tide of popularity. But soon doubting the accuracy of his results, he resolved to devote himself entirely to *observation*, for the purpose of trying to settle some of the many uncertainties in medical science. To obtain an extended field for his observations, he entered the Hospital of La Charité, as the clinical clerk of Chomel. He gave up all private business; and for *seven years* devoted himself to rigorous and impartial observation. Ridiculed at first; as soon as a numerical analysis of his facts could be made, he was admired and imitated by the French school.

Whatever we may think of his method, we can but admire his perseverance. There can be no doubt that he was the most careful, impartial and honest observer, whom our profession has seen. He was no specialist, and had no preconceived ideas to verify, or *à priori* views to establish. No one who has, will observe seven years, before reaching a conclusion. He studied all the functions during life, and examined all the organs after death. He analyzed his facts, and submitted them to a rigorous comparison with all analogous diseases. Special and characteristic symptoms, he held, could only be found by comparison.

Even Sydenham said, that the natural phenomena of disease, however minute, must all be noted. And to establish the natural history of disease the method of Louis holds out the most flattering promises. His two great series of observations on Phthisis, and on Typhoid Fever, have been long since well introduced by our native translators to the profession here. These two works, together with his researches on Yellow Fever, have not only established the fame of their author, and of the numerical method, but have aroused a hearty, coöperative observation throughout the medical world, which, although it may have unduly exalted statistics, has not been without good effects. For some very important empirical facts were early developed from the method of Louis.

[To be continued.]

OBSERVATIONS UPON A MORBID CONDITION OF THE NECK OF THE BLADDER NOT DESCRIBED BY SURGICAL AUTHORITIES.

BY D. D. SLADE, M.D., BOSTON.

[Continued from p. 435.]

Causes.—THE causes of contraction of the neck of the bladder are various, and may be either local or general. Among the first, Gonorrhœa stands preëminent, especially when of long standing, and when it has attacked the deep-seated portions of the canal. Under this head, we may also include every source of irritation or inflammation in the neighborhood of the neck of the bladder, organic strictures, calculi, diseases of the prostate, fungoid vegetations, obstinate constipation, hæmorrhoids, &c.

Among the general causes, we may include the nervous temperament, nervous affections, general debility, scrofulous habit of body, rheumatism especially, organic affections of the nervous centres, dyspepsia, &c.

Neither is it difficult to understand how these various causes may be productive of contraction. Gonorrhœa, for example, or any of the other sources of irritation, either in the urethra itself or in any of the neighboring organs, may be readily capable of exciting perfect reflex action, particularly in systems of high nervous mobility. Now, contraction, in a great many cases, undoubtedly commences with a greater or less degree of spasm, which condition, occurring more and more frequently in those who are predisposed, finally terminates in a permanent contraction of the muscular fibres entering into the structure of the neck of the bladder.

The sources of this spasm are various. A concentrated state or excessive acidity of the urine, as well as other changes in its character, by irritating the lining membrane of the urethra, may cause it. Rheumatic persons are especially prone to urethral spasm, owing to excess of lithic acid or its products in the urine; and when such a state of the renal secretion persists for any length of time, it leads to a highly irritable condition of the canal, which proves an additional cause of spasm. Irritability or morbid sensibility of the urethra from other causes, abrasion of the lining membrane, the various forms of chronic urethritis, particularly in persons of strumous habit, are all sources of spasmodic action, leading gradually, in many cases, to permanent contraction.

And yet, although in many cases we may be able to trace the cause or causes of contraction, we must confess that the etiology of this affection, as well as of spasm, is still very defective, and not unfrequently the most careful examination does not suffice to determine any special influence. We undoubtedly find a predisposition, in certain cases, and we have noticed that contraction was not unfrequently most marked in individuals of a scrofulous tendency, who had suffered as children, and even up to the age of puberty, from nocturnal incontinence of urine.

In this connection, we may remark, that we know no cause which may conduce more powerfully to bring about a condition of morbid irritability at the neck of the bladder, and thus lay the foundation for contraction, than the very common and pernicious habit of resisting the first calls to empty the bladder.

Contraction is not confined to any particular period of life, although the young and middle aged are, without doubt, most subject to it. Nor is it peculiar to the male sex. There are certain symptoms connected with vesical irritability in women, especially in young girls, which we are confident are dependent on an analogous if not upon the same cause. Although our data, in respect to the prevalence of contraction of the neck of the bladder among females, are very imperfect, there is nothing, either in the anatomy or physiology of the urinary apparatus, which would prevent the occurrence of such an affection. We certainly meet with cases of incontinence of urine among girls as well as among boys, which we contend are dependent upon contraction.

Contraction of the neck of the bladder may not only be produced by the local sources of irritation which we have mentioned, as well as become complicated with these, but in itself it may be a source of irritation. For example, there are a vast number of cases of chronic urethritis, manifesting itself by the presence of a drop, or even less, of muco-purulent matter, at the meatus urinarius, as also by some other symptoms, not very definitely marked, which are dependent upon the very condition of which we speak. The catheter, if it has been passed at all, has failed to detect this peculiar state of the muscular fibres, or if it has detected any resistance to its free introduction, this has been at once set down as stricture.

In support of the truth of these assertions, we rely not only upon the peculiar symptoms presented, but also upon the beneficial effects of the treatment directed against contraction.

Anatomical Appearances.—Our knowledge of the anatomical appearances of contraction of the neck of the bladder, must necessarily be very limited, inasmuch as patients do not die of this affection in its early stages. It is the complications of this affection which prove fatal, and it is these complications which engross the attention of the pathologist to the exclusion of the original disease.

We possess but few observations on the alterations occurring in muscles in consequence of contraction, or even of spasms. Bowman is the first who has investigated the subject with any degree of accuracy. He found some muscles in tetanus perfectly healthy, while others presented a peculiar pale-gray appearance, in many parts like the flesh of fish, owing, undoubtedly, to the blood having been squeezed out of the vessels. In other parts they had almost lost their fine filamentous structure, and presented a soft mass, which tore easily. Under the microscope, the primitive fas-

ciculi here and there exhibited the characteristic signs of a high degree of contraction, and a closer approximation of the transverse striæ than usual.

Usually, no traces of congestion can be observed upon the mucous membrane lining the contracted parts, although such congestion must have existed during life. The membrane is of a duller color than natural, and somewhat thickened, and there is more or less adhesion to the tissues beneath. These remarks of course apply to the cases of pure muscular contraction of the neck of the bladder, without any marked complications.

In the only case of pure, uncomplicated contraction, where we had an opportunity of examining the microscopic appearances, the mucous membrane presented the appearances just described, while the muscular fibres, even on the closest examination, did not offer an aspect materially different from the most healthy.

In fine, from the very nature of the affection in question, we must necessarily fail to detect, even on the closest examination, in the great majority of cases, any structural change in the canal whatever.

Prognosis.—Contraction of the neck of the bladder is in itself a malady of no very great importance, but the complications to which it may give rise render it often of very serious moment. It is often rebellious to treatment when it is due to any peculiar diathesis, or to some local organic affection. In forming our prognosis, therefore, we must take into consideration the history, duration of the disease, and especially the cause, and the age of the patient. If the disease is still recent, and has not as yet given rise to any serious lesion of the urinary apparatus, and if the patient is otherwise healthy, contraction, by a proper course of treatment, is not difficult to overcome. As a general rule, however, the practitioner cannot be too guarded in his prognosis; neither should he promise a too speedy cure.

[To be continued.]

Medical Reports from the Mass. General Hospital.

PREPARED BY ROBERT WARE, M.D.

BRIGHT'S DISEASE; SYMPTOMS AND SIGNS OF MITRAL DISEASE, WITHOUT CARDIAC LESION. (Dr. MINOT.) Patrick H., 7 years, Irish, resident of Boston, entered July 3d, 1860. Patient cannot give a very clear account of his sickness, but states that, on June 30, after some exposure, he was attacked with pain in both feet, of which he was soon relieved; but yesterday he was attacked with pain in the right arm and in the chest, with dyspnoea and palpitation. He does not know whether or not he has previously had rheumatism. Soon after his entrance he had an attack of great distress from dyspnoea and excessive action of the heart; pulse 150, respirations 80; action of heart very forcible; coun-

tenance anxious ; some cough ; complains of no pain, except in the chest. He was ordered, at 3, P.M., four drops of the tincture of veratrum viride ; in half an hour after taking it he was free from pain ; pulse 125, respirations 60. At 7, P.M., as there was some return of dyspnœa, he took the drops again, with similar relief. July 4th—Continue veratrum, four drops every three hours. Pulse 128, respirations 60 ; beef-tea. July 5th—Free from pain ; slept well ; skin dry ; pulse 120, respirations 68 ; occasional cough ; milk was substituted for the beef-tea, and cream of tartar water given as a drink. July 6th—In consequence of an attack of prostration, and drowsiness, with weakness of the pulse yesterday P.M., the veratrum was omitted at 6 o'clock ; it was resumed at 9, P.M., and has been continued since. Patient reports himself better ; pulse 120, respirations 60 ; frequent short cough ; dulness on percussion at the lower parts of both backs, and especially of the right ; respiratory murmur very loud over all parts of the chest ; first sound of the heart slightly prolonged and roughened at the apex ; both sounds distinct and clear at the base. He takes bread and milk with relish. July 11th—Patient has been gaining, on the whole ; the pulse and respirations have, with occasional intervals of agitation, fallen pretty steadily, being respectively 92 and 42 at 8 last evening ; the bowels have moved regularly ; his appetite has improved, and he was allowed potato on the 10th ; two leeches were applied just below the left nipple, on the 8th, and he has taken a cough mixture of paregoric and syrup of squills. Now his aspect is tranquil and much improved ; skin very cool ; pulse 108, respirations 36 ; tongue nearly clean ; an undulatory motion is plainly visible in the 4th and 5th intercostal spaces, one inch to the left of the sternum ; dulness on percussion extends from the 3d to the 6th rib, and from the left edge of the sternum to the nipple ; some roughness and prolongation of the first sound of the heart between the 5th and 6th ribs, at about half an inch inside the nipple, and most marked between the 6th and 7th ribs, on a line with the nipple ; between the 4th and 5th ribs it seems to be preceded by a slight supplementary sound, which closely follows the second sound ; bellows murmur faintly audible behind, at the junction of the dorsal and lumbar regions ; second sound of heart perfectly distinct and loud over the cartilage of the 3d left rib. July 13th—At 1, A.M., pulse 88, respirations 40. At visit (10, A.M.), pulse 96, respirations 30 ; omit veratrum. July 14th—At 12, last night, pulse 78, respirations 36 ; at visit, pulse 108, respirations 48 ; appetite good ; a few large papules, with suppurating points, on the nose, chin and neck ; fremitus felt on application of the finger an inch and a half below the left nipple, and at the same spot there is a loud bellows murmur, preceded by a shorter murmur. He was allowed mutton on the 16th, and appeared to be gaining in appetite and strength ; the veratrum (three drops every three hours) was resumed on the 20th, as the pulse had been 120 for three days ; the bellows murmur had then almost disappeared, though it was faintly audible in the back. Urine was acid ; specific gravity 1015, and with no trace of albumen. July 26th—Was up and dressed yesterday morning, and soon after had an attack of delirium, lasting about an hour. Now complains of severe pain in the præcordial region ; apply there six leeches. The leeches bled freely, and on the following morning he was sitting up in bed, free from pain ; pulse 116. August 13th—Was well enough to sit up and be dressed ; appetite fair ; is

disinclined to motion; pulse 128; complexion pale. Omit veratrum. R. Ferri et manganes. sacch. carbonat., gr. v. three times a day.

For some days after this date he appeared prostrated, rather stupid, was restless at night, and the pulse ranged from 120 to 130. On the 17th, it was thought that there was some want of power over the muscles of the arms, and perhaps a diminution in the sensibility of the left arm. He was ordered beef-steak; on the 23d, the syrup of the iodide of iron was substituted for the powder, and he took two ounces of ale every day; he was able to be dressed, and to go out of doors by September 1st.

Sept. 12th—Patient has been steadily improving, and is able to do light work about the ward; pulse 120; tongue clean; appetite good; the respiratory murmur is clear throughout the left side; at the right side, both back and front, are heard abundant, coarse, sonorous and sibilant rales, with a crumpling sound, or "*bruit de cuir neuf*"; percussion is a little flat behind throughout; considerable prominence of the cardiac region, the left nipple being more than half an inch higher than the other; fremitus perceptible to the hand two inches above the nipple; cardiac dulness extends from three inches below the clavicle to a point three inches below the left nipple, and from the right edge of the sternum to a point one inch to the left of the nipple.

He left the Hospital Oct. 2d, and re-entered on the 12th. He had been at home, where he was exposed to wet, and was allowed unwholesome food. He had œdema of the feet and legs, a prominent abdomen, with extended dulness over the right hypochondrium, where there was a feeling of resistance; there was some dulness at the base of the right back, and the murmur was faint at that side; no rales; the mitral souffle was heard as at last report; urine contained a slight trace of albumen; mind clear. R. Vin. ferri, gtt. xxv.; syr. sarsæ. c., ℥ij. three times a day. By the 20th, the œdema had much increased, and was visible in the face; sonorous and creaking rales were heard over the whole chest in front, and were audible even at some distance from the chest; he slept pretty well, had not much cough; slight fluctuation of the abdomen was noted. He was ordered to be wrapped in a wet blanket three times a day. He took beef-steak and potato with relish. Oct. 23d—The entire surface of the body is covered with small livid spots, some beneath the cuticle, others on it; rales have almost wholly disappeared; in twelve hours, passed nine ounces of very turbid urine, free from albumen. He sank gradually, with increase of the œdema, the fluid distending the penis and scrotum, which became of a dark-red color, and died Nov. 3d.

Autopsy, by Dr. ELLIS.—Old adhesions of the pleura of the right side; heart universally hypertrophied, weighing $9\frac{1}{2}$ ounces; water poured into the aorta escaped slowly through the aortic orifice; the valves were slightly contracted and thickened; no apparent lesion of the mitral valve; a pint of serum in the peritoneal cavity, and the lungs, liver, spleen and kidneys were firmer than usual.

DISEASE OF THE MITRAL VALVE AND BRIGHT'S DISEASE. (Dr. MINOT.)—Ellen G., 14 years, a native and resident of Boston, entered July 11th, 1860. Patient's mother died of phthisis; she has usually had good health till about one year since, when she suffered from a severe cough, from which, however, she had nearly recovered, when she was attacked, during the past winter, by a disease characterized by pain

in all parts of the body, and called rheumatism at the Dispensary; she was not confined to the bed, or even to the house. Since that time, her cough has become more troublesome, and she has emaciated. The catamenia appeared, for the first and only time, about a year ago; has never had hæmoptysis, though her sputa are at times streaked with blood; cough is not very severe during the day, but comes on when she lies down at night; has no pain; sweats much at night; some, but not marked, flatness on percussion, throughout the left back; no abnormal respiratory sounds; a loud systolic murmur at the apex of the heart, audible at the base of the left chest behind; the appetite is good; the tongue clean, and the bowels regular. She was put upon "house diet;" three grains of the tartrate of iron and potash were given three times a day, and a mixture of the syrup of squills and syrup of wild-cherry bark was taken when the cough was severe. July 15th—Fine, crepitant râle accompanying inspiration at inner extremities of both clavicles; inspiration jerking, especially at right side; some prolongation of expiration at the upper part of the right back. Omit iron. R. Ol. morrhue, ʒi., three times a day; omit cough mixture. R. Tinct. opii camph., ʒss.; naphthæ, ʒi.; syr. tolut., ʒiss. M. One drachm every three hours.

The cough was relieved after this, but she was much distressed by pain in the left shoulder, and by copious sweating at night; the latter symptom seemed to be relieved by the oxide of zinc, six grains of which were taken at bed time. July 26th—She was vomited and purged after eating apple-pie surreptitiously obtained, and appeared considerably prostrated with increase of the pain, which was referred sometimes to one shoulder, sometimes to the other, and at times to the right side. No change was noted in the physical signs till Aug. 11th, when an inspiratory crepitus was found at the lower two thirds of both backs, with some dulness on percussion over the same space; the cardiac sounds remained the same. On the 14th, the zinc was omitted; on the 16th she was found suffering from vomiting and extreme prostration, the apparent consequence of a "small piece" of apple which she had obtained the day before. This prostration lasted upwards of forty-eight hours, the pulse being imperceptible a part of the time, though wine was administered. Aug. 18th—No vomiting; pulse 108; pupils dilated; considerable œdema of face; much disturbed by palpitation and by sweating at night. R. Zinc. oxid., grs. iij. at night. Omit cod-liver oil and cough mixture; sherry wine, half an ounce twice a day. Aug. 23d—Her prostration has increased; the œdema has very much increased and become more general; for two or three days she has complained of dyspnœa, and had quite a severe paroxysm last night; there has been some tendency to diarrhœa. R. Mist. cretæ, ʒss.; tinct. opii, gtt. iv., after each discharge. Aug. 25th—The urine contains albumen in great abundance, with some pus corpuscles and small waxy casts of the tubuli; she slept rather better; the diarrhœa continues; crackling is heard throughout both backs. The paroxysms of dyspnœa became more severe after this date; vomiting set in with some urgency, but the diarrhœa was relieved; œdema increased; dulness of percussion and feebleness of the respiratory murmur over the left back were noted Sept. 4th, when the pulse was growing imperceptible, and the extremities cold. Some chocolate-colored expectoration was seen on the 7th, on which day she died, at 4½ o'clock, P.M.

Autopsy, by Dr. ELLIS. Brain rather soft, but not decidedly morbid; in the longitudinal sinus, adherent to the surface, was a small, purulent-looking coagulum. The left pleural cavity contained thirty-six ounces of bloody serum, and the surface of the lung was covered with a recent false membrane; half a pint of serum in the right cavity. Firm, dark-red portions in the upper and lower lobes of the right lung, showed where blood had been effused; the same appearance, but more extensive, was seen in the anterior and posterior parts of the left lung; at one spot a yellow, purulent-looking line surrounded the red mass, and indicated an older effusion than the others. The heart weighed $8\frac{1}{2}$ ounces. In the right ventricle were many old, yellowish coagula of small size, the largest being about half an inch in diameter; this latter contained a cavity filled with a puriform fluid, which was composed of minute granules and globules like those found in softened fibrine. An irregular, but smooth and firm cretaceous mass, half an inch in diameter, was attached to the edge of the mitral valve; much fibrine deposited upon the valve and the surface of the auricle; aortic valves a little thickened. The spleen weighed $11\frac{1}{2}$ ounces; at each end was an irregular, yellowish-white mass, from one to two inches in diameter; smaller, but similar formations elsewhere. The cortical substance of the kidneys was lighter colored than usual, and just beneath the surface were masses like those in the spleen, the largest measuring an inch superficially, and a quarter of an inch in thickness.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 24, 1861.

MASSACHUSETTS MEDICAL SOCIETY.—In our remarks upon the revised edition of the By-Laws of the Massachusetts Medical Society, in the last number of the JOURNAL, we omitted to call the attention of the Fellows to the "Digest of the Laws of the Commonwealth relating to the Society." This was prepared by the Corresponding Secretary with great care, by comparing the several acts of the Legislature relating to the Society, and retaining only those provisions which are now in force. Any Fellow who had occasion to refer to the various Acts published in the edition of 1850, must have found it difficult to decide upon some points with certainty, on account of one Act modifying or repealing another. This Digest presents an accurate and concise statement of all the rights and privileges to which the Society is entitled, arranged in a systematic form.

CITY REGISTRAR'S REPORT FOR 1859.—The Annual Report of the City Registrar has been received. It appears that the number of births for 1859 was 5,895, being an increase of 298 over the number born during the previous year—a result attributable to the return of the material prosperity after the financial depression of 1857–58. The ratio was about 1 in 30.53, while in Philadelphia, for the same year, it was only 1 in 38.43. The largest number of births was in December, which seems everywhere to be one of the most prolific months. The marriages were 2,481 in number, being an increase of 326 over the num-

ber of 1858 ; but 647 less than that of 1854. This gradual decrease in the number of marriages the Registrar is unable to account for, although he alludes to the cause as one to which it may not be advisable openly to intimate.

The mortality for the year was 3,738, being 102 less than were reported in the preceding year. The number of interments in the city proper was 160 only.

The Report is most creditable to the Registrar, Mr. Apollonio, and it is to be hoped that so faithful an officer may be retained for many years to come in a place for which he is so eminently qualified.

MEETING OF THE BOSTON SANITARY ASSOCIATION.—The first meeting of this Society was held in the Representatives' Hall, at the State House, on Thursday evening last. A large audience assembled to listen to the address of Dr. Edward Jarvis, of Dorchester. After speaking of the neglect of sanitary science, he showed by statistics, from the proceedings of societies in England, that cities are much more unhealthy than the rural districts. From a report of the Address in the *Boston Courier*, we copy the following :—

"There were thirty-six deaths in a thousand, in Liverpool, to thirteen in a country district named, and the proportion of persons who die yearly in England is thirteen to the thousand in the country, to one hundred and thirty who die in the cities. Every city has particular localities, marked by narrow streets, high buildings and crowded tenements, where disease makes the greatest havoc. The city is found to be very destructive to infant life ; five times as many children die in Liverpool, as in the country. Acute diseases are at all times more fatal in a compact than in a thinly populated district. When men gather together in masses they increase the chances of death and decrease the chances of life for themselves and their families. This is the case particularly with the poorer classes in the city, the rich escaping many of the disorders of their humbler neighbors by virtue of cleanliness, exercise, wholesome food, and other advantages derived from their position. Life is dealt out more liberally to those whom fortune favors, said the lecturer, and verified his statement by the statistics of Manchester, England, where the average of the wealthy is 58 years, and of the poor only 40 years, and in another large city 38 years to 27 years. It is stated that the years of the prosperous exceed those of the poor 133 per cent. in Liverpool and Manchester, and all the sanitary reports are full of such facts as these. The same is true of Scotland and France.

"The interest in sanitary matters which prevails so extensively abroad has not till quite recently met with sympathy in the United States. A few minds here and there have been observers of society, and considered its strength and its weakness. A Fall River physician has noticed that the number of deaths in that city is greater than in any other in the country. Mr. Lemuel Shattuck was mentioned by the lecturer as one who had done much to show the waste of life among us, and the quarantine associations were the subject of some eulogium, and the labors of Dr. Clark, of this city, and Dr. Stevens, of Vermont, Dr. Bell's work on the hygiene of New York, pronounced a most valuable contribution to science, were highly praised. Dr. Jarvis thinks there is ample opportunity for the beneficial exercise of sanitary science in this country, although it is not troubled, like the nations across the water, with cities founded in the dark ages, and inhabited by people who suffer to-day from restrictions established in times long past. The fact that six hundred persons become insane every year in the single State of Massachusetts, he considers one deserving the thoughtful consideration of a wise Legislature. At Macclesfield, England, a great change in the amount of mortality was noticed after some sanitary regulations had been carried out,—a diminution of one fifth in the frequency of deaths and an increase in the same proportion of the length of life. The rate of mortality was reduced in one street 32, in another 40, and in another 60 per cent. Sickness had diminished as well as

death. The relief books of the physicians return that from 24 to 29 per cent. less cases of disease occur in the improved parts of the town. The thing has been reduced to such a system in England that the scientific men speak of preventing a certain per centage of deaths, a year in advance, with the same confidence that the farmer predicts the success of his wheat crop. We are now called to the same glorious work. A harvest of human life, as certain and as great as they are now reaping in England, will be the reward of our exertions.

"At the conclusion of the address, Josiah Quincy, Jr., moved a vote of thanks to the speaker, which was carried by acclamation. The subject of the next lecture, assigned for Thursday fortnight, will be 'Smallpox and Vaccination.' At a business meeting, held last evening, the following officers of the Society were elected:—President, John Ware, M.D.; Vice Presidents, Hon. Josiah Quincy, Jr., F. W. Lincoln; Corresponding Secretary, George H. Snelling, Esq.; Recording Secretary, Josiah Curtis, M.D.; Treasurer, Otis Clapp; Directors, Dr. Henry G. Clark, Dr. Edward Jarvis, Rev. E. E. Hale, Dr. George Fabyan, Hon. Thomas H. Russell and Henry B. Rogers.

TIKTURE OF ALOES AND MYRRH. WHAT IS IT?—*Messrs. Editors*,—The druggists of this city, it is said, have calls for very large quantities of Elixir Proprietatis, and not for very large quantities of Tinct. of Aloes and Myrrh. The public call for the former, the medical profession write for the latter. "Where I put up an ounce of the tinct. of aloes and myrrh upon a prescription, I sell gallons of elixir pro. to customers without prescriptions." This was said to me by an apothecary in large business, whose tincture was under discussion.

Properly, the druggist would make his tincture by the prescription laid down in the United States Pharmacopœia. *Practically*, a large number make it by private prescriptions of their own, to suit the popular taste; and for convenience sake, they use the same preparation in filling a physician's prescription. When we write for tincture of aloes and myrrh, therefore, we may have returned exactly what we want, or we may receive an almost inert medicine.

Tincture of aloes and myrrh, according to the United States Pharmacopœia, is made as follows:—"Take of aloes in powder, *three ounces*; saffron, *an ounce*; tincture of myrrh, *two pints*. Macerate for fourteen days, and filter through paper." When made by this formula, water added to it produces a very copious deposit of the resinous matters contained in it. Made by some of the private prescriptions, there is no more deposit than if the water were added to brandy. Some of the private prescriptions designate *Smyrna saffron*; some of them *English saffron*; some of them mix *the two saffrons*; and others say, simply, *saffron*. Some of the preparations are put up with alcohol and water; some with diluted alcohol and syrup; some with Medford rum. Some of them contain carbonate of potassa, and others do not.

Physicians may like to see how the different preparations compare with each other, and to the Massachusetts College of Pharmacy the subject is commended for their action, in the hope that they will advise their Fellows to follow the standard of the Pharmacopœia, in making tincture of aloes and myrrh. If the public wish to buy any particular brand of elixir pro., they can make that as they please, also.

"The dose is from one to two fluid drachms," says the Dispensatory. I will give the amount of solid matters used in preparing the larger dose, as obtained from the Pharmacopœia, and afterwards as obtained from four different private prescriptions.

No. 1.—(*United States Pharmacopœia.*) Aloes, $11\frac{1}{4}$ grains; myrrh, 10 grs.; saffron, $3\frac{3}{4}$ grs. Vehicle, *alcohol*.

No. 2.—(*Private.*) Aloes, $6\frac{3}{4}$ grs.; myrrh, $6\frac{3}{4}$ grs.; saffron, $3\frac{1}{4}$ grs.; carbonate of potash, 1 gr. Vehicle, *alcohol, water and simple syrup*.

No. 3.—(*Private.*) Aloes, $3\frac{3}{4}$ grs.; myrrh, 3 grs.; saffron, 1 gr.; sugar, 3 grs. Vehicle, *Medford rum*.

No. 4.—(*Private.*) Aloes, $2\frac{1}{16}$ grs.; myrrh, $2\frac{1}{16}$ grs.; saffron, $1\frac{1}{4}$ gr.; carbonate of potash, $\frac{4}{5}$ gr. Vehicle, *alcohol and water*.

No. 5.—(*Private.*) Aloes, $2\frac{7}{8}$ grs.; myrrh, $2\frac{1}{8}$ grs.; saffron, $1\frac{1}{2}$ gr.; carbonate of potash, $\frac{4}{5}$ gr. Vehicle, *diluted alcohol*.

It is worth while to compare the five, not merely for curiosity, but for the purpose of calling the attention of druggists to what some of them do not seem to remember, that their preparations are not always what we expect to get when we write for them. I would not have it supposed that every one makes his tincture by a private prescription, for some of them follow the book; some of those who do not follow it, rank among the better class of druggists.

This is not the only preparation in which private prescriptions are used. Those which occur to me now are, the compound tincture of gentian, compound tincture of rhubarb, compound spirit of lavender, myrrh mixture, and compound infusion of senna.

The above is written for the purpose of calling the attention of the College of Pharmacy to the *Pharmacopœia*. A new edition of that work is now in the course of preparation, and when it appears each physician and druggist should own a copy, and know something of its contents. If a physician wishes to have more or less of any particular ingredient in a prescription, he has only to frame his prescription accordingly.

If the directions of that work are not followed, the valuable time of its compilers will have been spent in vain. C. E. B.

M. BARTHEZ, physician to St. Eugénie Hospital, sent to the meeting of the Society of Surgery, of November 30th, an enormous ovarian tumor, taken from a child eleven years of age, who died in the hospital. It weighed nineteen pounds, and was composed of multilocular cysts, enclosed in a spongy tissue, flabby, and developed in its sides. It resembled those which we see very often in adults; they are very rare in children, and it is in this respect that this specimen presents a great interest.—*Cleveland Medical Gazette*.

Dr. G. S. BAILEY, a retired physician of Iowa, states in a letter to the editors of the *Journal of Materia Medica*, that his only son, after having been treated six years for epilepsy with every remedy that medical skill could suggest, without success, was finally cured with the hydrocyanate of iron, by Prof. D. L. McGugin, of Keokuk. The formula employed corresponds with the one used by Dr. Treat (*Cin. Lancet and Observer*, June, 1860, p. 383): hydrocyanate of iron, one drachm; powder of valerian, two drachms; extract of Indian hemp, one drachm, being originally added by McGugin. Make into one hundred and twenty pills. One of them is to be taken three times a day, gradually increased to four.—*Cin. Lancet and Observer*.

A NEW WORK BY PROF. GROSS.—Prof. Gross announces that he is engaged upon a systematic treatise on the Injuries and Surgical Dis-

eases of the Scalp, Skull and Brain, and its Membranes, and he asks the coöperation of the profession in furnishing him "such cases and practical reflections as may have arisen in the course of their experience."—*American Medical Times*.

At the Annual Meeting of the New York Pathological Society, held Wednesday, January 9th, 1861, Dr. A. C. Post was elected President; Drs. T. C. Fennell and D. S. Conant, Vice Presidents; Dr. Geo. F. Shrady, Secretary; and Dr. Wm. B. Bibbins, Treasurer.—*ib*.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 19th, 1861.

DEATHS.

	Males.	Females	Total
Deaths during the week,	33	31	64
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	36.6	38.6	75.2
Average corrected to increased population,	84
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Smallpox.	Dysentery.	Typhoid Fever.
11	1	6	4	0	0	0	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.124	Highest point of Thermometer,	36°
Highest point of Barometer,	30.592	Lowest point of Thermometer,	10°
Lowest point of Barometer,	29.618	General direction of Wind,	North.
Mean Temperature,	19°.8	Whole amt of Rain in the week	2.090

For the week ending January 19th, omitted last week:—Mean of barometer, 29.991; Highest point of barometer, 30.322; lowest point of barometer, 29.538. Mean of thermometer, 21.37°; highest point of thermometer, 37°; lowest point of thermometer, 3°. General direction of wind, North and Northwest. Amount of rain (melted snow), 0.452.

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 North. Longitude, 13.41 West. Height above the Sea, 585.

		BAROMETER.				THERMOMETER.				SNOW.		Mean Amount of Cloud.
		7 A.M.	2 P.M.	9 P.M.	Mean	7 A.M.	2 P.M.	9 P.M.	Mean	Time	Meas.	
					Height.	Lowest	Highest	Point.	Point.	Height.	0 hours	0 to 10.
Monday, Jan. 7,		29.34	29.44	29.54		23	25	21				
Tuesday, " 8,		29.59	29.59	29.54		18	16	11				
Wednesday, " 9,		29.45	29.34	29.25		8	19	18				
Thursday, " 10,		29.48	29.59	29.49	29.45	5	10	10				
Friday, " 11,		29.19	29.20	29.43		26	32	18				
Saturday, " 12,		29.49	29.57	29.59		17	21	22				
Sunday, " 13,		29.51	29.43	29.36		23	36	34				

COMMUNICATIONS RECEIVED.—Tracheotomy in Croup.

BOOKS RECEIVED.—On Diabetes and its Successful Treatment. By John M. Camplin, M.D., F.L.S. (From S. S. & W. Wood, New York.)—Transactions of the Ohio State Medical Society, 1860.

MARRIED.—In Roxbury, 16th inst., Francis Minot, M.D., of Boston, to Sarah Parkman Blake, daughter of Samuel P. Blake, Esq., of Roxbury.—At Montpelier, Vt., Jan. 10th, Dr. George P. Greeley, of Hollis, N. H., to Miss Mary P., daughter of Dr. Julius T. Dewey, of Montpelier.

DIED.—At Petersham, Dec. 31st, 1860, of pneumonia, Dr. Samuel Taylor, aged 50 years.

DEATHS IN BOSTON for the week ending Saturday noon, January 19th, 64. Males, 33—Females, 31.—Apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 3—consumption, 11—convulsions, 2—croup, 1—debility, 2—puerperal disease, 2—dropsy, 2—dropsy of the brain, 5—drowned, 1—scarlet fever, 6—hemorrhage, 1—disease of the heart, 1—disease of the hip, 1—insanity, 1—interperance, 1—disease of the kidneys, 1—disease of the liver, 1—disease of the lungs, 1—inflammation of the lungs, 4—old age, 1—paralysis, 3—pleurisy, 1—rheumatism, 1—scrofula, 1—unknown, 7.

Under 5 years of age, 28—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 12—above 60 years, 4. Born in the United States, 47—Ireland, 16—Germany, 1.